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Bib Data Sheet

CONFIRMATION NO. 2179

SERIAL NUMBER 10/812,128	FILING DATE 03/29/2004 RULE	CLASS 361	GROUP ART UNIT 2835	ATTORNEY DOCKET NO. 200311280-1
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** CONTINUING DATA ***** *None*

** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 06/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	STATE OR COUNTRY TX	SHEETS DRAWING 6	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
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Verified and Acknowledged *[Signature]*
Examiner's Signature Initials

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TITLE
Memory package

FILING FEE RECEIVED 842	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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